Washington State Department of
Health

IMMUNIZATION PROGRAM
PROVIDER CLINIC SITE VISIT TOOL

Site: _____ **LHJ:** _____ **Today's Review Date:** _____

Office Contact: _____

Phone: _____ **Fax:** _____

Reviewer(s): _____

Type of Visit: ❑ **Routine** (official) ❑ **Expanded (includes assessment - circle one: CASA, Mini-CASA, Casita)**

Type Site: ❑**Private** ❑**Community/Migrant Hlth Center** ❑**Tribal Clinic** ❑**Other public:** _____

Date of Previous Review: _____

Type of Visit: ❑ **Routine** (official) ❑ **Expanded (includes assessment - circle one: CASA, Mini-CASA, Casita)**

What follow-up was necessary? _____

Note: The following categories reference the "Outside Provider Agreement for Receipt of State-Supplied Vaccine" and the "Standards for Pediatric Immunization Practices". (S#) indicates which of the 18 "Standards" are addressed in each section. The CDC requires that all of these items be addressed.

◆ PROGRAM ADMINISTRATION

Access/Barriers; Patient/Community Approach *(S1-S3 & S16)*	

1. What are the clinic days/hours for immunizations? _____
 	
 2. a. How much are patients charged for administration of the vaccine? $_____
    b. Do you use a sliding fee schedule to determine patient portion of costs for administration of vaccine? ❑Yes ❑No   Do you wave the fee? ❑Yes ❑No
    c. If a child cannot afford to pay, is the child still vaccinated?   ❑Yes ❑No
 	
 3. Is an office visit fee charged (in addition to an administration fee) if a child comes in for immunizations only?
    ❑ Medicaid clients, amount = $_____
    ❑ Insurance clients, amount = $_____
    ❑ Private pay clients, amount= $_____
 	
 4. How much are patients charged for publicly provided vaccine? (cost of antigen)
    $_____
 	
 5. a. Is a physical or well-child exam required prior to administration of a vaccine?
    ❑ Yes   ❑ No
    b. If yes, what is the average length of waiting time before a Well-Child Appointment can be scheduled? _____
 	
 6. Which vaccines does this clinic/practice routinely administer? *Check all that apply:*
    ❑ Hepatitis B   ❑ DT/DTaP   ❑ Hib ❑ Polio   ❑ PCV7   ❑ MMR
    ❑ Varicella   ❑ Hepatitis A   ❑ Td ❑ other: _____
 	
 7. This practice immunizes: ❑ Infants   ❑ Preschool-aged children
    ❑ School-aged children   ❑ Adolescents ❑ Adults
	Comments/Recommendations:

Cont'd: Access/Barriers; Patient/Community Approach *(S1-S3,16)*

8. This practice does Perinatal Hep B Screening: ❒ Yes ❒ No

9. List examples of what this practice does to promote immunizations (e.g. free clinic for back-to-school; immunization days; bulletin board; health fairs, etc.):

Consumer Information: Benefits & Risks *(S5 &S6)*

	Comments/Recommendations:
1. Are patients provided with a copy of the Vaccine Information Statement (VIS) for each vaccine administered? ❒ Yes ❒ No	

2. What VIS forms are being used? *Check all that apply*

❒ Hepatitis B - date: _____   ❒ DT/DtaP - date: _____

❒ Hib - date: _____   ❒ Polio - date: _____

❒ PCV7 - date: _____   ❒ MMR - date: _____

❒ Varicella - date: _____   ❒ Hepatitis A - date: _____

❒ Influenza - date: _____   ❒ other(s): _____

3. How is VIS information relayed to clients needing alternative formats?
   Check all that apply:
   ❒ information is reworded   ❒ multi-lingual/multi-cultural staff
   ❒ translations are available   ❒ other:_____

Encounters, Simultaneous Administration, Contraindications *(S4, S7, S8 & S10)*

	Comments/Recommendations:
1. Are patients' immunization records checked at every clinic visit? ❒ Yes ❒ No	

2. Are immunizations given even when a child comes into the clinic for a minor illness or injury? ❒ Yes ❒ No

3. Are immunizations given when a child comes in for other health service appointments (sports physical, routine exam, etc.)? ❒ Yes ❒ No

4. What is the maximum number of shots (injections) given at any one visit? _____

Tracking, Registry, Reminder/Recall *(S12)*

	Comments/Recommendations:

1. Does this clinic/practice participate in an immunization registry? If Yes, which:
  a. CHILD Profile: ❒ modem   ❒ internet
  b. Other: _____	

2. What system does this practice use to generate lists or prepare reminders for children due for immunizations? ❒ registry ❒ tickler file ❒ computerized
                        ❒ periodic chart reviews ❒ other: _____

NOTE: Review Reminder/Recall procedure, # of recalls, follow-up& recall efforts.

Recording & Reporting *(S9 & S11)*	

1. Are immunization records properly documented? *Note: Randomly review a sample of charts representing this practice. # of Charts Reviewed:_____*
 	
❏ vaccine administered   ❏ dose and dosage   ❏ date vaccine administered
❏ manufacturer name and lot number of vaccine   ❏ site and route of injection
❏ signature & title of person administering vaccine
❏ address of facility in which vaccine administered
❏ acknowledgement of parental receipt (& date) of VIS/IIS for **each** vaccine
❏ information retained for minimum of 10 yrs following end of calendar year in which vaccine administered **and** until child's 21st birthday
 	
2. What type of documentation is used?
❏ Vaccine Administration Record (which version? _____)
❏ Recorded in chart narrative for visit.
❏ Other: _____
 	
3. What type of immunization record is given to the parent/legal guardian following the administration of vaccine?_____
 	
4. What record keeping methods are used to track immunizations given?
Check all that apply
❏ Vaccine Administration Record in each chart   ❏ multiple signature logs
❏ single visit form   ❏ file card system   ❏ computer program:_____
 	
❏ other:_____
 	
5. a. Is the Vaccine Adverse Event Reporting System (VAERS) form used to report adverse events?   ❏ Yes   ❏ No
   b. Were there any events last year? What?_____
 	
6. a. Is there a current written emergency plan for treatment of allergic reaction/ anaphylaxis and is it reviewed/updated & signed annually?   ❏ Yes ❏ No
   b. Are appropriate medicines on hand and are their dates current? ❏ Yes ❏ No
	Comments/Recommendations:

◆ VACCINE STORAGE/HANDLING & ACCOUNTABILITY

Vaccine Management; Medical Protocols *(S 13 & S15a)*	

1. Are procedures established for proper maintenance of cold chain (per CDC Vaccine Management chart)? ❏ Yes ❏ No
[cold chain time requirements met for unpacking/storage/transport of vaccine; vaccine stored properly, kept at correct temperature; thermometers in freezers & refrigerators are working properly; all temperatures recorded daily; other helps are used (for example, 'Do Not Disconnect" warning labels on outlet &circuit breaker; plug guards; velcro straps on doors; …]
 	
2. Vaccine Storage Units:
   How many units are there? *Review temperature logs for all.*
   # refrigerators = _____   # freezers = _____
 	
3. Temperature Logs – Recording
   a. Are temperature logs signed daily by person taking the reading? ❏ Yes ❏ No
   b. Are temperature recorded at different times of the day?   ❏ Yes   ❏ No
   c. Are the recorded temperatures within proper guidelines? *Check log.*
      Refrigerator(s) ❏ Yes ❏ No   Freezer(s) ❏ Yes ❏ No
   d. What are the actual temperatures right now?
      Refrigerator(s) _____C°/_____F°   _____C°/_____F°
      Freezer(s) _____C°/_____F°   _____C°/_____F°
	Comments/Recommendations:

Cont'd: **Vaccine Management; Medical Protocols** *(S 13 & S15a)*	

4. Temperature Logs - Submitting:
   a. Is a completed log sent to the LHJ by the 5th of each month? ❒ Yes ❒ No
   b. Is it submitted with the Doses Administered Report?   ❒ Yes ❒ No
 	
5. Inventory:
   a. Is a physical inventory (vaccine count) of all publicly supplied vaccine done
      each month?   ❒ Yes ❒ No
   b. Is privately purchased inventory kept separate from public? ❒ Yes ❒ No
 	
6. Vaccine Stock:
   a. Is vaccine stock current?   ❒ Yes   ❒ No
   b. Is vaccine stock rotated?   ❒ Yes   ❒ No
   c. Is short-dated vaccine used first?   ❒ Yes   ❒ No
   d. Does monthly inventory exceed monthly usage? ❒ Yes   ❒ No
 	
7. Doses Administered Reports:
   a. Is a report sent to the LHJ by the 5th of each month? ❒ Yes ❒ No
   b. Is all lost/ expired/ wasted vaccine accounted for?   ❒ Yes ❒ No
   c. Are all doses accounted for?   ❒ Yes ❒ No
 	
8. Emergency Protocol:
   a. Is there an up-to-date written protocol for handling vaccines during
      emergencies that threaten the cold chain (e.g., power outages)? ❒ Yes ❒ No
   b. Does it include a list of persons responsible for vaccine retrieval,
      transportation, and storage?   ❒ Yes ❒ No
   c. Is protocol easily accessible and/or posted?   ❒ Yes ❒ No *Check location(s)*
   d. Do all staff know how to access this protocol? ❒ Yes ❒ No	

◆ TRAINING

Staff Knowledge & Education *(S 17, S18 & S15b)*	

1. Are up-to-date protocols and information readily accessible to all
   immunization staff?   ❒ Immunization schedule
   ❒ Administration techniques   ❒ Contraindications
   ❒ Adverse events =   ❒ VAERS   ❒ Rash Illness Reporting
   ❒ Other: _____
 	
2. How are staff kept current on immunization schedules, vaccines, administration
   techniques, etc? _____
   _____
 	
3. What kind of in-service education classes/sessions do staff attend on current
   immunization recommendations and prompt reporting of adverse events?
   _____
 	
4. What training opportunities are provided for immunization staff?_____
   _____
 	
5. a. What staff administer vaccines? *Check all that apply.*
      ❒ RN ❒ LPN ❒ MA ❒ Other:_____
 	
   b. How are licenses checked/verified? _____
 	
6. What videos are routinely used for staff training?   ❒ Injection Techniques
   ❒ Ice, Champagne and Roses   ❒ CDC Downlinks   ❒ Vaccines for Children
 	
   ❒ Other: _____
	Comments/Recommendations:

◆ ASSESSMENT

Eligibility & Review *(S 14)*

	Comments/Recommendations:

1. a. Can children being vaccinated be identified by these categories?
  ❐ Medicaid enrolled (Healthy Options,…) ❐ American Indian/Alaskan Native
  ❐ underinsured (insurance not cover imms) ❐ no insurance
 	
  b. Using what method?
  ❐ manually ❐ billing info ❐ CHILD Profile ❐ Benchmarking only
 	
  ❐ computer program:_____
 	
  ❐ other:_____
 	
2. How does this clinic complete the annual Benchmarking requirement? *Briefly describe method(s) used (e.g., attach form to chart, injection nurse completes, use CHILD Profile, …or do they know nothing about Benchmarking?)*
 	
  _____
 	
  _____
 	
  _____
 	
3. a. Do you assess the immunization coverage of the children in your practice?
  ❐ Yes ❐ No
  b. If yes, what ages? _____
 	
  c. When was this last done   ❐ < 1 year   ❐ 1-2 years ago   ❐ > 2 years ago
 	
  d. Who does this assessment? _____
 	
  e. What method is used? _____	

ADDITIONAL COMMENTS/ RECOMMENDATIONS